



**ASSESSMENT
OF
ADVANCE AFRICA
AND THE
CATALYST CONSORTIUM**

EXECUTIVE SUMMARY

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EXECUTIVE SUMMARY

This report presents the findings of the assessment conducted in May and June 2004 of the Advance Africa and CATALYST consortia, the recipients of five-year cooperative agreements funded by the United States Agency for International Development's Bureau for Global Health (USAID/GH), which were obligated on October 29, 2000. Advance Africa and the CATALYST Consortium contribute to the bureau's achieving the following Strategic Objectives (SOs):

- Advance and support voluntary family planning and reproductive health programs worldwide (Advance Africa and CATALYST)
- Increased use of key maternal health and nutrition interventions (Advance Africa and CATALYST)
- Increased use of improved, effective and sustainable responses to reduce HIV transmission and mitigate the impact of the HIV/AIDS pandemic (Advance Africa)

The objective for Advance Africa and CATALYST is "increased use of sustainable, quality family planning and reproductive health services and healthy practices through clinical and nonclinical programs." The Intermediate Results (IRs) are:

- IR 1: Increased access to and improved quality of FP/RH clinical and nonclinical programs
- IR 2: Increased capacity for informed FP/RH decision-making among clients and communities
- IR 3: Increased capacity of public and private sectors to sustain quality FP/RH service delivery programs
- IR 4: Scaled-up and improved FP/RH service delivery programs through technical collaboration with other agency/donor/foundation programs

Both cooperative agreements were awarded for \$92 million over five years, with the expectation that there would be major demand for the services they would offer. For neither cooperative agreement, however, has demand been as high as anticipated. To date, Advance Africa has been obligated \$28.8 million. Of the total obligations, Advance Africa core funds totaled \$15.6 million, and field support amounted to \$13.2 million. Through February 2004, CATALYST's total obligations amounted to approximately \$57.1 million, of which \$17.7 million are core funds, and \$39.4 million are field support. Sixty-eight percent of CATALYST's field support comes from two large buy-ins, one from Peru and the other from Egypt.

Advance Africa is a cooperative agreement managed by a consortium of six organizations: Management Sciences for Health (MSH), the prime contractor; Academy for Educational Development (AED); Family Health International (FHI); the Centre for

African Family Studies (CAFS); the Forum for African Women Educationalists (FAWE); and Deloitte Touche Tohmatsu (DTT). The project works with clinical and nonclinical programs to reposition family planning, improve access to and the quality of reproductive health services, and mitigate HIV/AIDS in high prevalence Sub-Saharan Africa, with country programs in Mozambique, Angola, Zimbabwe, Democratic Republic of Congo (DRC), and Senegal. Promoting birthspacing as a health intervention to reduce maternal and infant mortality is a major initiative. Salient project activities include strategic planning, training, capacity building, and technical collaboration with other agency or foundation programs.

The CATALYST Consortium is a partnership of five organizations: AED, the Centre for Development and Population Activities (CEDPA); Meridian Group International, Inc.; Pathfinder International (lead/recipient organization); and PROFAMILIA/Colombia. CATALYST was designed to increase the use of sustainable, quality family planning and reproductive health (FP/RH) services and healthy practices through clinical and nonclinical programs. Anticipated results included increased access to and improved quality of FP/RH clinical and nonclinical programs; increased capacity for informed FP/RH decision-making by clients and communities as well as of the public and private sectors to sustain quality FP/RH programs; and scaled-up and improved FP/RH service delivery through technical assistance to other agency/donor/foundation programs. CATALYST has seven field offices located in Bolivia, Egypt, India, Nepal, Pakistan, Peru, and Yemen; CATALYST indicates it has also provided short-term inputs or technical support in 15 additional countries.

This report highlights the significant contributions that both CATALYST and Advance Africa have made to globally disseminating the importance of birthspacing to maternal and child health. Advance Africa and CATALYST have worked with USAID to present the clear and compelling data demonstrating that three to five-year birth intervals result in reduced morbidity and mortality for mothers and infants. The results are twofold: globally, a greater awareness of the health reasons for spacing, and a willingness of countries wary of and/or unconvinced about family planning to reconsider it on new repositioned grounds. Both consortia have held important regional conferences on birthspacing; CATALYST has additionally facilitated outreach on the Optimal Birth Spacing Initiative (OBSI) to the cooperating agency (CA) community, governments, and other donors. Both consortia are working with national programs at various levels to revise policy documents. However, it appears that to date only one country—Mozambique, with Advance Africa technical assistance—has formally revised national policies, standards, or protocols to act upon the heightened awareness about optimal birthspacing.

While in the critical area of OBSI and repositioning family planning CATALYST and Advance Africa have had a common theme and while the Strategic Objective and Intermediate Results for both cooperative agreements are the same, as USAID wrote in the scope of work for this assessment, “both programs have evolved independently and autonomously, with their own unique opportunities and challenges largely based on their regional focus.”

Three factors constrain assessing Advance Africa and CATALYST’s achievements. The first constraint is that while there are considerable process data, there are a lack of output

data for the respective project indicators agreed upon by USAID and the two CAs.¹ The second constraint, which is related to the first, is the relatively short time line for implementation of many of the programs, delayed implementation of some activities, or the inherently short-term nature of the intervention requested by Missions. The third constraint is the fact that many USAID Missions have different indicators than those outlined in the USAID/Washington cooperative agreements. (See tables 3 and 4 in the report body, which present the key contributions of Advance Africa and CATALYST, respectively.)

IR 1: INCREASED ACCESS TO AND IMPROVED QUALITY OF FP/RH CLINICAL AND NONCLINICAL PROGRAMS

Both Advance Africa and CATALYST contributed to IR 1.

Advance Africa

Advance Africa has contributed to increased access to and improved quality of FP/RH clinical and nonclinical programs in three principal ways: expansion of services, training of service providers, and management procedures and tools.

In Zimbabwe, Advance Africa, together with the Zimbabwe National Family Planning Council (ZNFPC), has succeeded in reorienting and expanding the country's longstanding community-based distribution network from being narrowly focused on family planning to a more holistic approach. Family planning activities at the community level have been broadened to include HIV/AIDS awareness, dual protection messages, and referrals to voluntary counseling and testing (VCT). Due to the introduction of depot holder and satellite models of service provision, clients have increased contraceptive security and more convenient access to services. Clients in 16 districts in eight provinces now have access to a wider network of trained personnel who are able to refer to facilities with staff equipped to offer more integrated services. Client referrals from community-based distributors to VCT centers increased 694 percent from October 2002 to September 2003, referrals from community-based distributors for family planning increased by 352 percent, the distribution of oral contraceptives increased by 662 percent, and the distribution of condoms increased by 411 percent during the same period.

In the DRC, Advance Africa has provided technical assistance to the Santé Rural II (SANRU II) primary health care project to increase the use of modern contraception in 13 health zones, including two that have a large number of internally displaced persons. Provider training has facilitated the provision of FP services to over 9,000 clients.

While most of Advance Africa's other field activities have been either short-term technical inputs or programs that have begun only in the last year or so, better trained personnel, more holistic programmatic approaches, and enhanced management tools are concrete results. In Senegal, family planning indicators were developed and integrated into the national health care monitoring system. In Mozambique, Advance Africa has standardized nongovernmental organization (NGO) monitoring and evaluation data,

¹ The body of the report contains the output indicators established by USAID, Advance Africa, and CATALYST for each of the projects' IRs.

instituted quarterly coordination meetings, and developed indicators that allow maximizing the benefit of service delivery encounters.

CATALYST

CATALYST has worked to increase access to and improve the quality of FP/RH clinical and nonclinical programs in four ways: OBSI, postabortion care (PAC), expanding method mix, and integration. Contributions have been the most significant in OBSI and PAC.

CATALYST has had a global leadership role in OBSI. It has hosted regional conferences, aggregated medical research on the subject, overseen a literature review, conducted qualitative research, disseminated findings among USAID CAs and donors, and built support among Missions, governments, host country institutions, donors, and pharmaceutical companies. In 2003, CATALYST hosted a regional OBSI conference in Guatemala that resulted in the incorporation of birthspacing messages into the Mission's program through inclusion in training materials, counseling protocols, and messages to reposition family planning. In 2004, CATALYST hosted a major Peruvian OBSI conference that strongly positioned family planning in terms of saving lives and potentially, positively repositioned family planning after recent difficult years. Excellent reports from CATALYST qualitative research in Bolivia, Peru, Egypt, India, and Romania document the difficulties women face in spacing births and integrate gender issues with family planning.

In PAC, CATALYST expanded the program in Peru from 8 to 62 hospitals (emergency obstetric care, including PAC); facilitated a PAC web site; held a regional conference that led to the introduction of PAC in Guatemala, Nicaragua, and the Dominican Republic; introduced PAC into Bolivia, where it has been expanded to serve 19,000 women; and shared its model in Egypt. In Bolivia, CATALYST trained 722 providers from 62 different hospitals in postabortion care. CATALYST data indicate that women receiving services in Bolivian PAC programs are choosing to use modern methods of family planning at higher rates (37 percent of all PAC clients in 2003) than the national average (25 percent in the Demographic and Health Survey [DHS] 1998).

Many activities to increase access to and improve the quality of FP/RH clinical and nonclinical programs, as measured by CATALYST indicators, were only recently begun and, to date, are small scale. For instance, in Egypt, 9 months after CATALYST (TAHSEEN) began community mobilization and clinic renovation in five rural Upper Egypt villages, CATALYST concluded, "Increases in total FP clients, youth clients and low-parity clients have not yet been seen in the five rural health units where TAHSEEN has renovated facilities and trained providers. CATALYST service statistics for those five clinics show no increase in the number of family planning clients a day (an average of five visits per clinic per day), of the percentage of clients under the age of 25 (a decline from 14 to 11 percent), or of the percentage of low-parity clients (25 to 24 percent). However, the number of female clients for all services increased by 24 percent, and client satisfaction in general, as measured by exit interviews, increased significantly. CATALYST will be working to intensify activities to increase demand for FP/RH services in these villages and in other villages where it is expanding its integrated community mobilization model.

IR 2: INCREASED CAPACITY FOR INFORMED FP/RH DECISION-MAKING AMONG CLIENTS AND COMMUNITIES

Both CATALYST and Advance Africa contributed to IR 2. Although for a variety of reasons both projects have limited quantitative data on the indicators demonstrating increased capacity, both projects are implementing activities to identify and target those who make FP/RH decisions for themselves and those who can enable behavior change for others.

Advance Africa

Advance Africa is targeting youth, expanding community networks, enlisting increased male involvement, and integrating life skills education into school curricula. Key to Advance Africa's work has been the buy-in of clinic and nonclinic providers who use positive peer pressure to disseminate appropriate messages and facilitate referrals.

Advance Africa collaborated with FAWA in Mozambique, Zimbabwe, and Senegal to promote life skills education for adolescents and thus enhance their decision-making capacity. In Senegal, FAWA proposed to highlight risks of female genital cutting in elementary and high schools in the hope of creating support among life skills education in primary and secondary schools for adolescent girls. Advance Africa states that the focus of the project in each country was determined by the local organizations according to cultural and social acceptability; hence, overall, many of the youth-related interventions, especially in Zimbabwe, are giving precedence to advocating abstinence over providing services.

Advance Africa is expanding community networks in Zimbabwe, Mozambique, and Angola. In Mozambique, community health committees have been effective in raising local awareness of FP/RH issues, including optimal birthspacing. Theater groups are spreading similar messages in Angola.

Advance Africa had relatively limited opportunity to highlight gender or formally integrate it into its country programs because none of the USAID Missions requested any specific technical assistance in this area. Nor do long-term gender interventions appear to be a priority of most African political agendas.

CATALYST

CATALYST's work with civil society and community leaders, reaching out to men, identification of gender-based violence and gender and rights, linkages to social programs (nonhealth activities) and youth-related programs (service delivery as well as gender violence) potentially hold many models for replication. In Peru, data from an activity with youth in a Yes! kiosk in Lima indicate that youth's knowledge of different methods and the correct use of condoms increased. Baseline studies have been undertaken with major programs in Egypt, India, Bolivia, and Peru; final studies are planned.

In rural Upper Egypt, CATALYST targets women and young people in a comprehensive approach to development that focuses on behavior change, quality improvement of

services, community involvement, linkages to other sectors (such as agricultural workers), and engagement of local health authorities and religious leaders. It included an innovative coeducational peer education activity at Minia University in which 21 male and female students were trained to be educators on such themes as premarital counseling, delaying age of first marriage, and the harmful effects of female genital cutting. Most participants, both male and female, described the training as being life changing. CATALYST's behavior change communication program in Minia includes radio, programming, plays, and puppet shows to promote key FP/RH messages.

IR 3: INCREASED CAPACITY OF PUBLIC AND PRIVATE SECTORS TO SUSTAIN QUALITY FP/RH SERVICE DELIVERY PROGRAMS (CATALYST)

CATALYST was responsible for activities contributing to IR 3, which were to be measured in terms of public/private sector program costs covered by program income and partnerships with other entities. CATALYST's contributions lie in the area of forming partnerships with the commercial sector. CATALYST has worked with three major contraceptive manufacturers, with positive results, to help disseminate OBSI research, to fund conferences, and to expand the role of the commercial sector in FP/RH service delivery in Peru. With CATALYST support, 381 physicians and midwives in 10 cities were trained in syndromic management of sexually transmitted infections and provided with supplies for prevention and treatment. Approximately 471 midwives in Lima's peri-urban slums are providing contraceptives at low prices. In the Dominican Republic, through this collaboration, 20,000 units of a dedicated emergency contraceptive pill were made available to an NGO (data are not available, however, on the number of women receiving services). Additionally, CATALYST has developed a corporate social responsibility toolkit for USAID and other managers who might be interested in beginning corporate social responsibility programs.

IR 3: IMPROVED AWARENESS OF THE IMPORTANCE OF THE HEALTH BENEFITS OF FP AMONG AFRICAN POLICYMAKERS (Advance Africa)

Advance Africa had this alternate IR 3, for which it was responsible.

Repositioning family planning and advocating for additional integrated FP/RH programs represent one of Advance Africa's hallmark initiatives. Advance Africa's advocacy efforts have targeted policymakers and program managers to highlight family planning as an essential primary health care (PHC) intervention to reduce escalating maternal and child mortality rates, rather than as a means of fertility control. Advance Africa's collaborative work with the World Health Organization/Africa Regional Office (WHO/AFRO) and other partners of the Reproductive Health Task Force on this agenda yielded development and promotion of the 10-year family planning framework as guidance for countries on how to revitalize family planning programs and ensure a comprehensive approach to maternal and child health. The framework will be presented for adoption at the 54th session of the WHO Regional Committee for Africa, August 30–September 3 in Brazzaville, Republic of Congo, by the 46 ministers of health from the member states.

Through workshops and meetings in Mozambique, the DRC, and Zimbabwe (and one scheduled for Angola later this year), Advance Africa has worked successfully to reposition family planning as an essential means to reduce high maternal and infant mortality. Advance Africa technical assistance to the Ministry of Health (MOH) in Mozambique to elaborate a family planning strategy that will be incorporated into a broader maternal mortality reduction strategy will codify family planning and longer birth intervals as health interventions. This will be one of the first instances around the world of countries moving on a national level to change policies in light of the new evidence on the benefits of three to five-year birth intervals.

IR 4: SCALED-UP AND IMPROVED FP/RH SERVICE DELIVERY PROGRAMS THROUGH TECHNICAL COLLABORATION WITH OTHER AGENCY/DONOR/FOUNDATION PROGRAMS

CATALYST was solely responsible for IR 4. CATALYST scaled up² programs through adding services, increasing coverage of target groups, and replicating interventions.

As indicated, CATALYST has expanded PAC in a number of countries. In some countries (Bolivia, Peru, and Egypt), it has had an active program; in other countries, PAC has begun as a result of CATALYST's inspiration. For example, after Nicaraguan participants returned from a CATALYST PAC conference, they began a PAC program in Nicaragua using non-USAID funds. In Peru, CATALYST has expanded emergency obstetric care capacity within health institutions on a nationwide basis to reduce maternal mortality, improve the quality and availability of treatment of complications of incomplete abortions, and provide post-PAC family planning services. To date, 1,000 health professionals in 50 hospitals have been trained. CATALYST has also expanded the community-based programs of consortium partner CEDPA in India, and on a global level, has expanded awareness of OBSI as a health intervention for women and children.

CATALYST has worked to expand and replicate programs by networking with other organizations to mobilize resources to expand coverage and by linking to smaller projects that implement different components of reproductive health. Examples include using USAID/Bolivia funds to expand youth services to 13 new facilities and creating a network of midwives in the city of Lima's RedPlan Salud, which began in 5 districts in Lima and is currently serving 21 districts. CATALYST identifies over 17 instances in which it has cooperated with other CAs, foundations, bilateral and multilateral donors, and government agencies in such topics as cosponsoring conferences, holding joint training sessions, designing strategies in a participatory manner, and joint review of research protocols.

Expansion of OBSI programs at the field level, in countries served by both CATALYST and Advance Africa, remains the challenge for the future.

There were critical management and leadership problems in the beginning years, which delayed implementation in both consortia; however, both projects have recovered from those early difficult years. In the first two years, Advance Africa experienced severe disruptions and staff changes; funding was much less than expected, partially due to a lack of marketing; and the closure of three regional Advance Africa

² Scale up is a term used to indicate expansion and replication of a program, often to the national level.

offices led to the loss of talented professionals. These events and the growing perception within the consortium that USAID was disenchanted with the project, apparently led to a sense of detachment from the project for some members of the consortium. The consortium leader, MSH, has resolved the situation, which is now stable and productive, albeit on a limited basis in four countries, and is preparing for an orderly and methodical end of project.

CATALYST also experienced major disruptive staff changes. The current project director is the fourth (including an acting director for several months) since the project began; the current deputy director is the third. With the new project director, however, CATALYST believes it has been able to progress beyond the early difficult years. Staff morale and productivity are high and CATALYST expansion is underway. New programs are beginning in Nepal, Laos, and Yemen; the Pakistan program is being reborn. In Peru and Egypt, recipients of large Mission field support, CATALYST has offices with 45 staff members as well as contracts for specialized activities. CATALYST/Egypt, now working in one governorate in 5 villages in community mobilization, is planning to expand such activities to 80 villages in six governorates by March 2005.

The assessment report includes sections on the USAID Mission perspective on the two projects, USAID management, and considerations for USAID future directions. Most of the Mission staffs interviewed or responding in writing to Mission surveys were pleased with the responsiveness and technical quality of both consortia. However, the history of the two projects serves as a caution against awarding multiple successor projects; it also demonstrates the importance of USAID marketing for a new project.

A number of challenges remain for a centrally funded project, which a future project should address:

- OBSI and repositioning of family planning,
- meeting the needs of youth,
- PAC,
- FP and HIV/AIDS linkages,
- gender,
- expanding best practices,
- role of the commercial sector, and
- educating women and couples about available contraceptive options.

Contraceptive supply (not a responsibility of either Advance Africa or CATALYST) was a challenge in three of the four countries visited by the assessment team (Zimbabwe, Mozambique, and Peru); contraceptives were in short supply—leading to occasional stockouts in areas served by CATALYST and Advance Africa. In the case of Peru, stockouts in the public sector were reportedly nationwide. Such shortages/stockouts call into question the purpose and value of projects designed to promote demand for FP/RH services, expand and replicate FP/RH services, or to effect qualitative improvements in FP/RH service delivery programs.

Three trends may affect Mission demand for a centrally funded FP/RH project:

- declining demand for the services of centrally managed FP programs, as indicated by the low levels of field support funds being provided to the two projects by USAID Missions;³
- Missions continue to resist a plethora of CAs; and
- some USAID Missions will continue to depend on centrally managed projects to address critical, high-priority components of their assistance strategies.

Moreover, new types of Mission-level requirements appear to be emerging and could be usefully addressed by centrally managed projects. These include a need to more directly support the Agency's growing responsibilities to address FP/RH needs in conflict-prone, transitional, and fragile/failing states (five roles that centrally managed projects might have in such states are presented in the report) as well as a role for centrally managed projects in support of USAID Missions' program phaseout and graduation strategies.

RECOMMENDATIONS

IR 1: Increased Access to and Improved Quality of FP/RH Clinical and Nonclinical Programs

- USAID should continue to support through follow-on mechanisms its technical leadership in
 - OBSI;
 - PAC, stressing the importance of all five elements; and
 - integration.
- Advance Africa should document the lessons learned from the Zimbabwe expanded community-based distribution (CBD) program so that this successful program initiative might be resuscitated and replicated once conditions improve.

IR 2: Increased Capacity for Informed FP/RH Decision-Making Among Clients and Communities

Before phaseout, CATALYST should evaluate as rigorously as possible, document, and disseminate the process and results of its behavior change work to reduce gender-based violence in the models cited here (i.e., the work with university youth in Egypt, Pakistan [as appropriate], and Peru).

IR 3: Increased Capacity of Public and Private Sectors to Sustain Quality FP/RH Service Delivery Programs (CATALYST)

A follow-on USAID service delivery project should have a strong component strengthening the capacity of the NGO and commercial sectors.

³ Recent buy-ins to CATALYST from the Nepal, Yemen, and Pakistan Missions demonstrate Mission demand for some form of central project and for the services CATALYST has offered. (In contrast to Advance Africa, CATALYST has continued to market itself.)

IR 3: Improved Awareness of the Importance of the Health Benefits of FP Among African Policymakers (Advance Africa)

- Insofar as possible, USAID Missions should ensure that contraceptive supply can meet increased demand arising from successful repositioning family planning strategies.
- In addition to underscoring the health and social benefits of longer birth intervals, repositioning family planning strategies should more prominently address gender mainstreaming and women's empowerment issues.

IR 4: Scaled-Up and Improved FP/RH Service Delivery Programs Through Technical Collaboration With Other Agency/Donor/Foundation Programs

USAID should pursue, on a priority basis, efforts to replicate and expand programs that

- create a favorable policy environment for effective birthspacing and
- incorporate quality of care factors that enable women to make informed spacing decisions that contribute to their own health and the health of their children.

Best Practices

- The lessons learned from Advance Africa's expanded CBD experience in Zimbabwe should be documented and highlighted as a best practice to facilitate a revival and expansion of the program when circumstances are more inviting.
- If warranted by the findings of the upcoming evaluation of the Best Practices Compendium, USAID should plan to find a place for the compendium in another CA, or to include continued responsibility for the compendium's development and dissemination in the scope of work of a follow-on activity to the Advance Africa/CATALYST projects.
- USAID should promote broader use of the compendium as well as broader reference to best practices in general by requiring that all project proposals, responses to requests for applications/requests for proposals (RFAs/RFPs), and task orders demonstrate the submitters' due diligence in researching best practices that might be relevant to the proposal. Proposals for USAID funding should identify specific best practices considered by the submitter, describe how those best practices are reflected in the proposal, and/or explain why the relevant best practices were considered but rejected.
- CATALYST should produce a comprehensive summary of the best practices that are currently being implemented. Such a summary, succinctly packaged as a list of best practices in order of priority, would greatly enhance the project's legacy.

Gender

- In view of the reluctance or indifference of some Missions to gender as a priority objective, USAID/Washington should exercise increased technical leadership to promote the adoption of this agency priority by USAID Missions.
- Given the high levels of gender violence documented through CATALYST reports and in demographic and health surveys around the world as well as the role of gender violence in unwanted pregnancy, USAID should ensure that referral for gender-related violence, detected during PAC treatment and counseling, should be part of comprehensive PAC services, and that all CA reproductive health projects raise awareness of and address gender-based violence in its different ramifications.

Systems and Management

- USAID/Washington, CATALYST, and specific USAID Missions should establish clear understandings regarding the likelihood—or absence thereof—of a project extension beyond September 30, 2005.
- Before launching a follow-on project, USAID/Washington should attempt to establish, via enquiries to USAID Missions, the extent of market demand for a follow-on project and determine the approximate levels of field support funding that Missions might be prepared to make available for the new project.
- Immediately after launching a follow-on activity (should USAID/Washington decide to do so), the Agency should support the implementing agency(s) efforts to inform USAID Missions regarding the new project's objectives, its usefulness to the Missions, and means by which Missions could access the project's services.

The Consortium Mechanism

When USAID prepares its solicitation for a follow-on activity, it should make clear to prospective bidders that the Agency does not assume that larger groupings of prospective implementing partners (organized, for example, as consortia or as a prime contractor with multiple subcontractors) have any intrinsic advantage over smaller groupings (e.g., of one to three implementing agencies). Rather, the essential criterion to be addressed by offerors would be to demonstrate that they either have available or can quickly access the technical and managerial skills required to implement the follow-on project. (Offerors would still be required to demonstrate, as called for by Agency policy, an appropriate level of participation in the project by minority-owned and/or small and disadvantaged organizations.)

USAID Future Actions

- USAID should develop one follow-on project to the current CATALYST and Advance Africa projects. The project should be global, multipurpose, flexible, and structured to facilitate access by its primary users—USAID Missions.
- The project design should take into account, inter alia,
 - the Agency’s uncompleted work;
 - the changing mission of the Agency—to address the special requirements of conflict-prone, fragile, and failing states; and
 - the needs of Missions in the process of developing or implementing phaseout or graduation strategies.
- USAID/Washington should poll USAID Missions where CATALYST and Advance Africa–supported projects are currently underway to identify activities that will require continued support (i.e., from a centrally managed project) after September 30, 2005. USAID/Washington should identify these activities in its RFA/RFP as first-response tasks for the successful bidder(s).
- Grantee/contractor monitoring and evaluation responsibilities to USAID/Washington should be streamlined to reflect only those core-funded/technical leadership activities directly sponsored by USAID/Washington. The frequency of grantee/contractor reports to USAID/Washington might also be reduced.
- USAID/Washington and the Missions should ensure that a fundamental enabling factor—adequate contraceptive supplies—is addressed or is being addressed before requesting or approving new initiatives to be implemented under centrally managed FP/RH projects.